POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Fil*		10-1-01
O.I.P.E. CLASSIFIER			10-10-01
FORMALITY REVIEW	H·S	866	10.23.01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date									Claim Final	Original	Date									Claim Final	Original	Date								
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	50											100											150									

If more than 150 claims or 10 actions
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